

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937687

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	1		1				53						
4		3		3			54						
5		1		2			55						
6		1		2			56						
7		1		2			57						
8		1		2			58						
9		1		2			59						
10	1		1				60						
11		1		1			61						
12				2			62						
13							63						
14							64						
15							65						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		3	↓			TOTAL IND.	↓			↓		
TOTAL DEP.		↓	17	↓			TOTAL DEP.		↓		↓		
TOTAL CLAIMS			20				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331